Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control numi

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Application or Docket Number

	Substitute for Form PTO-875								10804770			
CLAIMS AS FILED ~ PART I (Column 1) (Column 2)								SMALL (	ENTITY	OR	OTHE SMALL	R THAN ENTITY
FOR NUMBER FILED NUMB				BER EXTRA		RATE	FEE		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))					1		s	OR		,		
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20				20 =	•		x \$=		OR	X \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3			3 = '		1	× \$ =		OR	x \$=			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					1	+\$ =		OR	+ 5 =			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		OR	TOTAL	<u></u>
	c	I AIMS	S AS AM	ENDEL	) _ PART II				<del></del>			<u> </u>
	CLAIMS AS AMENDED PART II								-	OR	OTHER	R THAN
(Column 1)				T	(Column 2)	(Column 3)	1 1	SMALL E	NTITY	1 ·		ENTITY
AMENDMENT A		REM A	AINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•		Minus	••	=		x \$=		OR	x \$ =	
	Independent (37 CFR 1.16(b))	•		Minus	•••	=		x \$ =		OR	x \$ =	9
	FIRST PRESEN	TATION C	F MULTIPL	E DEPEND	ENT CLAIM (37 C	FR 1.16(d))		+ 5 =		OR	+ \$ =	
		<del></del>						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Colu	ımn 1)	•	(Column 2)	(Column 3)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
MENT B		REM AF	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE
DMI	Total (37 CFR 1.16(c))	(	0	Minus	20	-		x <b>s</b> =		OR	x \$=	
AMEND	Independent (37 CFR 1.16(b))		/	Minus	··· 3	-		x <b>s</b> =		OR	x \$=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$ =		OR	+ \$ =	
	,						_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
			mn 1)		(Column 2)	(Column 3)	_		· · · · · · · · · · · · · · · · · · ·			7
AMENDMENT C		REM/ AF	AIMS AINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•		Minus	••	=		x \$=		OR-	× \$=	
JEN EN	Independent (37 CFR 1.16(b))	•		Minus	8.	=		x \$=		OR	x \$ =	
₹[	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$ =		OR	+ \$ =	
	If the entayin co	olumn 1 i	e lace than	the orto	vin column 2, writ	0 "0" in anti 2	<b>.</b>	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

<sup>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</sup> 

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.